

Application No.: 09/784,045

AMENDMENTS TO THE CLAIMS

In the Claims:

1. (Previously Presented) A method for an automated appeal process for a provider, comprising:
 - receiving provider identification from a remote provider station;
 - receiving appeal data from the remote station, wherein the appeal data comprises data descriptive of a plurality of insurance appeals;
 - storing the appeal data from the remote station;
 - sending the appeal data to an appeals unit;
 - receiving appeal status information for a plurality of appeals from the appeals unit; and
 - sending appeal status information to a provider at the remote station, wherein the appeal is a request for reconsideration of a claim adjudicated by an insurer.

2. (Previously Presented) A method for an automated appeal process for a user, comprising:
 - collecting user information and appeal data from a user;
 - electronically storing the collected data in a database;
 - sending the appeal data to an appeals agency;
 - receiving a status of an appeal from the appeals agency;
 - storing the status of the appeal; and
 - sending the status of the appeal to the user,
 - wherein the appeal is a request for reconsideration of a claim adjudicated by an insurer.

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3. (Previously Presented) A system for an automated appeal process for a user, comprising:
a server connected to a remote station for receiving appeal data from the remote station;
and
a database for storing the appeal data,
wherein the server is further configured or arranged to:
transmit an appeal form to the user at the remote station;
receive an appeal form containing appeal data from the user;
process the appeal form to generate an appeal having a predetermined format;
send the formatted appeal to an appeals unit; and
send a status report to the user at the remote station,
wherein the appeal is a request for reconsideration of a claim adjudicated by an insurer.

4. (Previously Presented) A method of automating an appeals process, comprising:
electronically collecting user information from a user and storing the user information;
presenting the user with a claim denial form;
collecting claim denial information and storing the claim denial information;
presenting the user with a patient information form;
collecting patient information and storing the patient information;
presenting the user with a provider information form;
collecting provider information and storing the provider information;
collecting appeal status information on an adjudicated claim and storing the appeal status information;

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presenting the user with a check appeal status form; and
collecting check appeal status information and presenting the user with appeal status
information based on the check appeal status information collected,
wherein the appeal status information relates to a request for reconsideration of a
claim adjudicated by an insurer.

5. (Previously Presented) The method according to claim 4, further comprising:
presenting the user with a credit card information form; and
collecting credit card information and storing the credit card information.

6. (Previously Presented) The method according to claim 4, further comprising
presenting
an administrative interface including information on an appeal submitted.

7. (Previously Presented) A method for an automated appeal process, comprising:
receiving a login request from a user;
electronically presenting a welcome screen to the user;
receiving a first user selection from the user;
presenting a first user screen based on the first user selection;
receiving user identification information from the user;
presenting a second user screen based on the user identification information;
receiving a second user selection from the user; and
presenting a third user screen based on the second user selection, the third user screen
for a new appeal,
wherein the appeal is a request for reconsideration of a claim adjudicated by an
insurer.

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8. (Previously Presented) A method for automating an appeal process, comprising:
receiving appeal data descriptive of a plurality of appeals from a remote station;
converting appeal data from one or more of the plurality of appeals to a predetermined
appeal format; and

sending at least a portion of the converted appeal information to an appeals unit,
wherein the appeal information relates to a request for reconsideration of a claim
adjudicated by an insurer.

9. (Previously Presented) The method of claim 8, wherein the conversion further
comprises converting the information to conform with a format described by a public law.

10. (Previously Presented) The method of claim 8, wherein the conversion further
comprises converting the information to conform with a format described by a public
regulation.

11. (Previously Presented) A method for automating an appeal process, comprising:
receiving appeal data descriptive of a plurality of appeals from a remote station;
converting appeal data from one or more of the plurality of appeals to a predetermined
appeal format;
applying one or more rules to select one or more of the plurality of appeals; and
sending data descriptive of one or more selected appeals to an appeals agency,
wherein the appeal information relates to a request for reconsideration of a claim
adjudicated by an insurer.

12. (Previously Presented) A method for automating an appeal process, comprising:

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receiving appeal data descriptive of a plurality of appeals from a remote station;
converting appeal data from one or more of the plurality of appeals to a predetermined
appeal format;
applying one or more rules to select one or more of the plurality of appeals; and
sending data descriptive of one or more selected appeals to an appeals unit,
wherein the appeal is a request for reconsideration of a previously adjudicated claim.

13. (Previously Presented) A method for an automated appeal process, comprising:
collecting user information and appeal data from a data provider;
electronically storing the collected data in a database;
sending the appeal data to an appeals unit;
receiving a status of an appeal from the appeals unit;
storing the status of the appeal; and
sending the status of the appeal to the data provider,
wherein the appeal is a request for reconsideration of a previously adjudicated claim.

14. (Previously Presented) A method for an automated appeal process, comprising:
collecting user information and appeal data from a data provider;
electronically storing the collected data in a database;
sending the appeal data to an appeals unit;
receiving a status of an appeal from the appeals unit;
storing the status of the appeal; and
sending the status of the appeal to the data provider,
wherein the appeal information relates to a request for reconsideration of a claim
adjudicated by an insurer.

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15. (Currently Amended) A method for an automated appeal process, comprising:
~~receiving appeal data descriptive of a denial of a benefit, service or payment from a remote station;~~

~~storing the appeal data from the remote station in a database;~~
~~associating the appeal data with one or more bases for an appeal;~~
~~automatically selecting a reason for an appeal of the denial, the selection being based upon the appeal data;~~

~~generating an appeal form based on at least one of the associated bases submission including the selected reason for an appeal and arranged and according to a predetermined format; and~~

~~sending the formatted appeal submission to an appeals unit agency,~~
~~wherein the appeal relates to a request for reconsideration of a determination of entitlement to benefits or services.~~

16. (Currently Amended) The method of claim 15, wherein the association of appeal data with one or more bases selection of a reason for an appeal is based on results of a previously submitted claim or appeal.

17. (Previously Presented) The method of claim 15, wherein the appeal data comprises data descriptive of a plurality of insurance appeals.

18. (Previously Presented) The method of claim 15, further comprising extracting available data elements from a standardized data form.

19. (Previously Presented) The method of claim 18, wherein the standardized data form is an HCFA 1500, NSF version 2.0 or 3.0 UB92, or ANSI data form.

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20. (Previously Presented) The method of claim 18, wherein the standardized data form is a HIPAA 835 or HIPAA 837 data form.

21. (Currently Amended) A method for an automated appeal process, comprising:
receiving appeal data from a remote station;
storing the appeal data from the remote station in a database;
processing the stored appeal data to identify a basis for an appeal;
generating an appeal form submission comprising the identified basis for the appeal
and according to a predetermined format; and
sending the formatted appeal submission to an appeals unit,
wherein the appeal relates to a request for reconsideration of a determination of
entitlement to benefits or services.

22. (New) A method for an automated appeal process, comprising:
extracting at least one reason from appeals data relating to an approved appeal;
storing the at least one extracted reason in an appeal database;
receiving appeal data relating to a denied appeal;
comparing the appeal data relating to a denied appeal to the at least one reason
relating to an approved appeal stored in the appeal database;
automatically selecting an appropriate reason for an appeal based upon the
comparison;
generating an appeal submission in a predetermined format and including the selected
appropriate reason;
automatically identifying an appropriate appeals agency; and
transmitting the generated appeal submission to the identified agency,

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wherein the appeal relates to a request for reconsideration of a determination of entitlement of a benefit, service, or payment.

23. (New) A method for an automated appeal process, comprising:
- receiving appeal data comprising:
- data descriptive of a denial of a benefit, service or payment;
- an identification of a state in which a health care service was provided; and
- an identification of a type of health care insurance;
- automatically identifying a regulatory agency appropriate for an appeal, the identification being based upon the identified state and the type of health care insurance in the received appeal data;
- generating an appeal submission comprising the data descriptive of the denial of the benefit, service or payment and arranged according to a predetermined format; and
- sending the formatted appeal submission to the identified regulatory agency,
- wherein the appeal relates to a request for reconsideration of a determination of entitlement to a benefit, service or payment.